Peer Assessment Committee
College of Physicians and Surgeons of New Brunswick

PEER ASSESSMENT REPORT
EMERGENCY MEDICINE

Please write legibly and forward completed form to the Peer Review office as quickly as possible.

(PLEASE USE BLACK INK)

PAC # _____

Assessor: _____

Date of Assessment: _____

Note: Please take the time to comment on those areas where specific deficiencies are noted. This information is invaluable in helping the Committee in their review of their report.

NOTE: Hospital facilities are usually not the direct responsibility of physicians. They may, however, reflect the circumstances under which a physician works. If any aspect of the following appears deficient, it should be discussed with the physician who may appreciate PAC support in seeking improvement.

A. PHYSICAL FACILITIES & EQUIPMENT:

Take a few moments to review the facilities information submitted by the physician on the Physician Questionnaire, page 8. Please comment below on any areas which do not appear to be satisfactory:

B. CONTENTS OF THE MEDICAL FILE (RECORDS)

1. Total number of files reviewed: _____

2. Date(s) (within the last three months) chosen as representative of the practice for files selected: _____

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Definitions (for the purpose of this records review)

A	Always"	means ninety percent of files reviewed.
U	"Usually"	means from fifty to ninety per cent of files reviewed.
S	"Sometimes"	means between ten to fifty percent of files reviewed.
N	"Never"	means less than ten percent of files reviewed.

RECORDS STRUCTURE:

	A	U	S	N	N/A
1. A record system is in place which allows for ready retrieval of an individual patient file.					
2. The date of each visit or consultation is clearly recorded.					
3. The record is legible.					
4. The patient's identity is clearly evident on each component of the file.					
5. Each patient file clearly shows full name, address, date of birth & sex.					
6. There is a system in place for communication of all information and documentation necessary for the subsequent care of the patient to the physician who will provide the service.					
7. The system noted in #6 is functioning appropriately.					
8. The family and past medical history are recorded if significant.					
9. Allergies are clearly documented.					
10. Dates of immunizations (if relevant) are clearly noted.					
11. In the event that more than one physician is making entries in the file, is each physician identifiable?					

COMMENTS ON RECORDS STRUCTURE: _____

SUBJECTIVE, OBJECTIVE, ASSESSMENT, PLAN (SOAP)

	A	U	S	N	N/A
1. Functional inquiry is recorded and maintained.					
2. The chief complaint is clearly stated.					
3. An adequate description of symptoms is present.					
4. The duration of symptoms is noted.					
5. Positive physical findings are recorded.					
6. Significant negative physical findings are recorded.					
7. A diagnosis or provisional diagnosis is recorded.					
8 . Requests for lab tests, X-rays and/or other investigations are documented.					
9. Requests for consultations are adequately documented.					
10. The treatment plan and/or treatment is noted.					
11. The dosage of prescribed medications is recorded.					
12. The duration of prescribed medications is recorded.					
13. There is documented evidence that provision has been made for appropriate follow-up.					
14. Advice given to the patient is recorded.					

COMMENTS ON SOAP: _____

_____

_____

_____

_____

OVERALL COMMENTS ON RECORDS:

C. PATIENT CARE

Patient Care is to be rated in three categories:

E - Excellent
S - Satisfactory
D - Deficient
(i.e. unable to tell because of legibility or other problems; or care inadequate)

	E	S	D	N/A
1. The documented chief complaint, history, physical findings and investigation reports lead to the making of an appropriate diagnosis.				
2. The documented investigation is appropriate to the complaint/condition.				
3. The management plan (excluding prescribed medication) is appropriate to the condition being treated.				
4. The medication prescribed is appropriate to the condition being treated.				
5. The indications for surgical, obstetrical, gynaecological and other procedures are documented (if relevant).				
6. The instruction given to patients for follow-up care of acute conditions is appropriate.				
7. The records indicate that the physician is aware of and utilizes the various supportive social agencies in his/her community(e.g. public health nurse, home care, meals on wheels, etc.)				
8. Requests for consultations are appropriate.				

COMMENTS ON PATIENT CARE: _____

.5 PATIENT RECORD SUMMARY

On the following page, please record the patient charts reviewed. Each note should include a patient identifier, such as initials or chart number and date of birth, **(please – no full names);** the date of visit, the presenting problem and your comments. Include each chart, whether or not there are concerns or suggestions. If care is appropriate or exemplary, please ensure this is indicated in the "comments" section.

Between 15 and 25 charts should be reviewed. If this is **not possible**, please comment below**:**

Patient Identifier	Date of Visit	Complaint/Problem	Comments or Suggestions

Patient Identifier	Date of Visit	Complaint/Problem	Comments or Suggestions

If there are specific patient files where concern exists, please note your comments if there are specific patient files where concern exists, please note your comments below:

PATIENT'S INITIALS	DATE OF VISIT	COMMENTS

Is any group of drugs being used inappropriately? YES _____ NO _____

If yes, please explain: _____

_____

_____

_____

_____

D. RECOMMENDATION AND COMMENTS ABOUT THIS ASSESSMENT

Satisfactory ☐ **For further review by the Committee** ☐

(Please include clarification of documentation, questions on diagnosis, investigations, management of patients, and any other areas of concern which were discussed during the interview.)

Assessor Signature **Date**